

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CH</i>	001401	03/00
O.I.P.E. CLASSIFIER		10	2/17/00
FORMALITY REVIEW	CM	71632	4-11-00
RESPONSE FORMALITY REVIEW	CM	71632	5/17/00

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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